



भारतीय वन्यजीव संस्थान
Wildlife Institute of India

SPECIMEN SUBMISSION FORM

LOCALITY.....

DISTRICT.....

PROTECTED AREA.....

STATE.....

NAME OF COLLECTOR: _____

DESIGNATION: _____

DEPARTMENT: _____

INSTITUTE / ORGANIZATION: _____

NAME OF INVESTIGATOR / SUPERVISOR: _____

NUMBER OF SPECIMENS: _____

NO. OF GENUS: _____

NO. OF SPECIES: _____

CONTACT NO: _____

EMAIL: _____

TYPE OF SUBMISSION (Physical sample/Digital image(s)/Liquid preserved sample):

1. **DATE OF COLLECTION:**/...../.....

Number of specimens:

2. **DETAILS OF FIELD NOTE BOOK:**

Field note book ☐ yes ☐ No

Field note book number..... COLLECTION NO.....

3. **IDENTIFIED:** ☐ yes ☐ No. If yes, identified by.....

4. Specimens are poisoned? ☐ yes ☐ No

Forwarded by Project Investigator / Co- Investigator / Supervisor

Signature (with date): Nodal Officer / Associate Nodal Officer, Herbarium